Clallam County Public Works Department 223 East Fourth Street, Suite 6 Port Angeles, WA 98362 360-417-2379 Phone 360-417-2513 Fax

\$180 Minimum****See C.C.C. Chapter 3.31

ROAD NO	
ROAD NAME	
PERMIT NO	COUNTY USE ONLY

APPLICATION TO PERFORM WORK ON CLALLAM COUNTY RIGHT OF WAY

In Clallam County, a "Right-of-Way" permit is required to work along a county-owned road within the county right of way

Name of Applicant: Name of Applicant: County Road:	Name of Applic	T			
Address:				1	
When the project is approved: Check one item below Male permit when approved Call when approved Call when approved Fax:	Mailing Addres	eant:		County Road:	
Phone:		Mailing Address:		Address/ Milepost of Project Site:	
Phone:					
Phone:					ed:
Cell Phone:	Phone:		(check one item below)		
WORK PROPOSED & PURPOSE OF PROJECT Push/Bore/Overhead			☐ Mail permit when approved☐ Call when approved☐		
WORK PROPOSED & PURPOSE OF PROJECT Push/Bore/Overhead				☐ Fax when approved	
WORK PROPOSED & PURPOSE OF PROJECT Push/Bore/Overhead		Fax:			
Push/Bore/Overhead		Email:			
Push/Bore/Overhead Open Cut Road Surface Lin. Ft	WORK PROPO	OSED & PURPOSE OF PROJECT		If Install	
Open Cut Road Surface Lin. Ft. Water Open Cut within 5' of Road Surface Lin. Ft. Name of Utility Company Open Cut beyond 5' of Road Surface Lin. Ft. Start Date Other Start Date Other Start Date Est. Comp. Date MPORTANT: ATTACH AN ACCURATE AND DETAILED PROJECT MAP AND/OR PLANS THAT SHOW THE LOCATION OF THE PROPOSED RIGHT-OF-WAY PROJECT. SHOW DISTANCE FROM NEAREST INTERSECTION AND LANDMARK TO THE PROPOSED PROJECT AREA. INCLUDE A NORTH ARROW. AN ACCEPTABLE SITE PLAN FORM IS AVAILABLE. THE EXACT LOCATION OF THE ENTIRE WORK AREA MUST BE CLEARLY MARKED SO AS TO BE EVIDENT TO COUNTY PERSONNEL. FAILURE TO COMPLY WILL RESULT IN A DELAY OF THE PROCESSING OF THIS PERMIT. It is the responsibility of the applicant to notify all utilities and private property owners when such property is liable to injury or damage through the performance of the permitted work. The applicant shall make all necessary arrangements relative to the protection of such property and/or utilities. By signing this permit, the applicant agrees to comply with all conditions as stated on the PERMIT, Form RWPCOND082412, Permit Conditions – Addendum, and C.C.C. Chapter 3.31. Applicant has 10 days from permit approval date to request clarification or modification to permit conditions attached.		0			
Open Cut within 5' of Road Surface Lin. Ft Name of Utility Company Open Cut beyond 5' of Road Surface Lin. Ft Start Date Type of Backfill proposed (if applicable) Start Date Other Start Date Est. Comp. Date IMPORTANT: ATTACH AN ACCURATE AND DETAILED PROJECT MAP AND/OR PLANS THAT SHOW THE LOCATION OF THE PROPOSED RIGHT-OF-WAY PROJECT. SHOW DISTANCE FROM NEAREST INTERSECTION AND LANDMARK TO THE PROPOSED PROJECT AREA. INCLUDE A NORTH ARROW. AN ACCEPTABLE SITE PLAN FORM IS AVAILABLE. THE EXACT LOCATION OF THE ENTIRE WORK AREA MUST BE CLEARLY MARKED SO AS TO BE EVIDENT TO COUNTY PERSONNEL. FAILURE TO COMPLY WILL RESULT IN A DELAY OF THE PROCESSING OF THIS PERMIT. It is the responsibility of the applicant to notify all utilities and private property owners when such property is liable to injury or damage through the performance of the permitted work. The applicant shall make all necessary arrangements relative to the protection of such property and/or utilities. By signing this permit, the applicant agrees to comply with all conditions as stated on the PERMIT, Form RWPCOND082412, Permit Conditions – Addendum, and C.C.C. Chapter 3.31. Applicant has 10 days from permit approval date to request clarification or modification to permit conditions attached.			Lin Et	∐ Electi	
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**** COUNTY USE ONLY**** PERMISSION IS HEREBY CRANTED DENIED	****COUNTY USE ONLY***** PERMISSION IS HEREBY GRANTED DENIED				FEE CALCULATION
Call 360-417-2379 for the following:			☐ DENIED		
☑ Start Date ☐ ☐ ☑ Final				☑ Final	
The Approved Permit Must be Perted on Site Until Final Imprestion				AMT WAIVED:	
COMMENTS:		COMMENTS			NET FEE:
RECEIPT#	The Approve				NET FEE: DATE:
	The Approve				NET FEE: DATE: RECEIPT#
	The Approve				NET FEE: DATE: RECEIPT# CHECK#
This permit shall be void unless the work herein contemplated is completed before the following date: Final Inspection By: Area Supervisor / Design Review Engineer Date	The Approve COMMENTS: This permit sha	all be void unless the work herein co	ontemplated is co	ompleted before the following da	NET FEE: DATE: RECEIPT# CHECK# REC'D BY:

RW Permit 8-24-12.DOC 09/29/15